

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>Globe</u>	State Index No.	<u>161</u>
or		County Registrar No.	<u>310</u>
City of		Local Registrar No.	
2. Full name of child		No. _____ St. _____ Ward _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
<u>Beverly Byerly</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>F</u>			
6. Date of birth	7. Month	8. Day	9. Year
<u>Apr 19</u>	<u>24</u>		
8. FATHER		14. MOTHER	
Full name <u>Delbert L. Byerly</u>		Full maiden name <u>Lilly Kinsman</u>	
9. Residence (Usual place of abode) <u>Cipule St</u>		15. Residence (Usual place of abode) <u>Cipule St</u>	
If nonresident, give place and state		If nonresident, give place and state <u>Globe</u>	
10. Color or race	11. Age at last birthday	16. Color or race	17. Age at last birthday
<u>W</u>	<u>30</u> (Years)	<u>W</u>	<u>30</u> (Years)
12. Birthplace (city or place) <u>Kau</u>	18. Birthplace (city or place) <u>Globe Ariz</u>		
(State or country)	(State or country)		
13. Occupation <u>Power house man,</u>	19. Occupation <u>Housewife,</u>		
Nature of industry <u>Copper,</u>	Nature of industry		
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>Yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>A. D. Kennedy</u>	
		(Physician or midwife)	
Given name added from a supplemental report		Month, day, year.	
Registrar.		Filed <u>4-21</u> 19 <u>24</u> <u>B. G. J. O'K</u>	
		Filed <u>5-8</u> 19 <u>24</u> <u>B. G. J. O'K</u>	
		County Registrar.	

228-419-325